

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-809,982</i>	FILING DATE	
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
1	/						51	
2		/					52	
3			/				53	
4				/			54	
5					/		55	
6						/	56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	<i>7</i>
TOTAL DEP.							TOTAL DEP.	<i>49</i>
TOTAL CLAIMS							TOTAL CLAIMS	<i>56</i>